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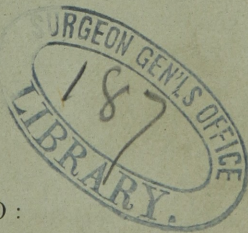
THE RESULT

OF THE

Hypodermic Injection of Morphia.

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BY HENRY GIBBONS, M. D.



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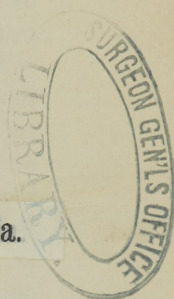
Between Sansome and Battery.

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THE

Result of the Hypodermic Injection of Morphia.

BY H. GIBBONS, M. D.



Dr. Hays

WITH blessings come curses. The cup of pleasure is never without alloy. If hope remain after emptying the box of evils, not less certainly is sorrow always found lurking amid the joys of life.

Of all methods ever devised for the relief of pain and suffering, no one is so prompt and effectual as the injection of morphia into the cellular tissue. At the touch of the hypodermic syringe, the tortures of neuralgia, the pangs of colic, the suffocative paroxysms of asthma, vanish as if by magic. No process of the healing art is so miraculous. Anesthetic inhalations give relief, it is true, but they destroy consciousness, and their effect is transitory. The hypodermic operation leaves the patient fully capable of perceiving and appreciating its effects, which are comparatively permanent. What wonder that the victim, grateful for his happy deliverance, flies again to the same source for relief, and at last becomes the spell-bound slave of the enchantress!

That the continued use of stimulants and narcotics of all kinds, in whatever way administered, tends to create a mischievous and extremely tenacious habit, no one will deny. A few years only have elapsed since it became

common to inject certain articles, morphia especially, beneath the skin; and it is well for us to inquire how far the practice is fraught with the danger referred to.

About seven years ago, whilst calling at the office of the San Francisco Benevolent Society, my attention was directed by the Secretary to a forlorn being who was moping around the place. "I wish you would do something for that poor fellow. He is half-dead with neuralgia." "Send him to my office"—I answered. For more than two years he had suffered almost constant pain in his head, mostly on one side, and though willing to work, was entirely unable to do any thing. All day he wandered around in restless despondency, and a few hours of dreamy exhaustion took the place of sleep at night. He had gone through the ordinary round of palliative treatment under several physicians, with partial relief at first and none at all in the end. The internal use of morphia had ceased to create a desire for its repetition.

I injected the fourth of a grain of morphia in his arm, with the usual result—almost complete relief in from three to five minutes, greatly to the surprise of the patient, who, in these cases, seems to suspect some delusion of the understanding. Next morning he returned with a cheerful report. He had passed a day of comparative exemption from his wonted misery, and had a night's sleep—the first for a year. But the pain was returning and he wanted to be "stuck" again.

At first, the hypnotic action of the remedy lasted eighteen hours and then gradually passed off. As the process was repeated daily, the duration of relief was shorter. He then began to call in the evening for the second dose. He was afraid of the night. I am thus particular in the details, because I am describing, not one case merely, but a whole class of cases. Several times I repeated the injection in the evening, but finding that his evening call was getting earlier and earlier, I refused positively, at length, to use more than one injection daily.

After six months of this treatment, to which was added an occasional fruitless resort to chalybeates, cinchona, etc.,

he grew well enough to work several hours a day at his trade of tailoring. In another six months he ventured to go into the country, though it required a desperate effort to place himself beyond the reach of the daily injection. *Whilst in the country he was free from pain.* He remained absent for several months and returned to the city. But before he had been in the city twenty-four hours, a recurrence of the pain brought him again to my office for the wonted relief. I wish to call special attention to this circumstance. The same thing has been presented to me more than once. In the course of the prolonged daily repetition of the injection, in many of these cases, there comes a period when the treatment is no longer required, though the patient can not be convinced that any change has taken place in regard to the malady. So long as he is within the reach of the syringe, so long the pain recurs. But when he knows that an injection is absolutely impossible, the occasion for it ceases. When the remedy is accessible, he has unbounded faith in two things: first, that the pain will come; second, that the injection will relieve it. Thus *faith* may cause disease as well as cure it.

The occasional absence of this patient from the city, and my frequent refusal to gratify his desire for the injection, served to weaken the habit, and finally to conquer it almost entirely. But as much as two years after the commencement of the treatment, when he had got a situation as conductor of a street car, he would leave his post hastily in the afternoon, and come running into my office to get an injection, to enable him to continue at work. It was impossible for him, on account of pain, so he declared, to keep up without it.

In the paroxysm of true, spasmodic asthma, no other remedy gives such prompt, complete and permanent relief as morphia thus administered. But there is also a wide range of pathological conditions, in which dyspnea, or rather orthopnea, is the leading feature as regards the suffering of the patient, and in which no other treatment affords equal relief. Various organic and functional derangements of the heart, coupled with lesions of the lungs

and liver, and with hydropic effusions in the cavities and in the cellular tissue, give rise to suffocative paroxysms which are truly agonizing. In these cases the patient is quick in discovering the superior merit of the hypodermic injection, and he never fails to importune for its repetition. When there is no hope of recovery, there can be no good reason for withholding the instrument of comfort. On such occasions, one is reminded of the last moments of Mirabeau, who begged his physicians for the lethean draught. "In the tortures of disease, when there is no hope of saving life, can a friendly hand refuse me the soothing opiate?"

Cases of this description are apt to occur in hospital practice. In St. Mary's Hospital there have been quite a number within four or five years, under my charge and that of Dr. Cachot, the resident physician. One poor fellow, who spent the last three months of his life in a chair, day and night, enjoyed not a moment of exemption from agony except when under the influence of morphia thus applied two or three times in twenty-four hours.

It is singular that the dose of morphia inserted beneath the skin does not require to be materially increased. Half a grain is the ordinary maximum, and this quantity will continue, in general, to produce a constant effect, though repeated once or twice a day for months. But though the effect of the dose is not much diminished in force, it is gradually diminished in duration, requiring to be repeated at shorter intervals.

With regard to the *habit*, which is the point I had in view in penning these notes, there is no occasion for apprehension in the hopeless cases to which I have last referred. To protect from needless suffering is as much the duty of the physician as to save life.

About one year since, I received a message to visit Mr. A., who stated his case in substance as follows: "Doctor, you have forgotten me. Four years ago I called at your office to consult you about the hypodermic use of morphia for neuralgia, to which disorder I had been a martyr for ten years. During that long period, I scarcely knew what it was to have a moment's relief from pain. You advised

me to give it a trial and I followed your advice, though not immediately. The first trial was in Santa Cruz County, when, the pain being worse than common, I called on Dr. M. He had no proper instrument, but made an opening in the skin with a lancet, and injected with a common glass syringe. The relief was so great that I came forthwith to San Francisco and bought me a syringe and went to using it on myself. I continued to use it every day, and then more than once a day. Business led me to Europe, and while in London and on the continent I consulted a number of the most eminent physicians, who all advised me to continue the treatment, some of them proposing atropia in addition. I tried the atropia alone and with the morphia, but fell back at length on the morphia alone. My neuralgia is entirely gone. I have had none of it for a year or more, but I can not do without the injections. I suffer terribly when I am not under their influence. I have used them every day for four years, increasing the frequency until now I have got to half a dozen times a day—sometimes more. Latterly the punctures have taken to festering, and my right leg is badly inflamed, and I want you to examine it.”

An extraordinary spectacle was revealed on examination. The entire surface of the abdomen and lower extremities was covered with discolored blotches, resembling small vibices, the marks of the injections. He was spotted as a leopard. For four years he had averaged three or four a day—an aggregate of between five and six thousand blissful punctures! The right leg was red and swollen, and I discovered a subcutaneous abscess extending from the knee to the ankle and occupying half the circumference of the limb. Taking from my pocket a lancet, I proceeded immediately to evacuate the matter. At the same moment I observed him to take something hastily from under the pillow and apply it to the left hip; and though I consumed less time in performing my operation than is required to record it, he had got the start of me and injected a dose of morphia to fortify himself against the operation.

A large quantity of laudable pus was discharged, and a

roller being applied to the limb, perfect recovery took place within a fortnight. His strength and health were rapidly restored, leaving no pretext for continuing the injections. Yet he did continue them just as before, alleging his intention to abandon them as soon as he should recover perfectly, and to place himself under my care for that special purpose. But a year has passed away and he has not yet applied to me on that account. I meet him frequently as he drives through the streets attending to his business. Except a bleached countenance, his appearance is that of perfect health. He manifests no desire to stop and talk with me, and I have not the least doubt that he is still sticking happiness into his skin at the rate of six or eight punctures a day.

Another case in point is that of a young, married lady, who came under my care a year ago. She was a bundle of idiosyncrasies. Her temperament was highly nervous. When an infant, according to her mother, she had been kept alive by enormous doses of morphia. As she grew up, a cough developed and became chronic. Professor Alonzo Clark and other expert auscultators pronounced her lungs tuberculosed, and sentenced her to death. She came to California, and in a few months the cough and all other pulmonary symptoms vanished. Wandering neuralgic pains succeeded. When she came into my charge, the pains were mostly about the chest and head, and other difficulties had supervened. She had leucorrhea, congestion of the uterus, suppression of the menses, dyspepsia, constipation, hysteria—in fact a whole legion of devils. To make things still worse, she set at defiance all therapeutic laws. She was a law unto herself. Remedies suggested by experience and ratiocination, had effects opposite to those anticipated. One notable exception was the hypodermic use of morphia, which never failed to relieve the distressing pains.

At first, the duration of relief was eighteen hours. But the period shortened rapidly, and two injections daily were required. Small doses had little effect. It was necessary to use from half to three-fourths of a grain. After a few weeks, the difference between these two quantities was very

perceptible. In a month from the commencement of the treatment, the effect lasted but a few hours and was incomplete even for that time. The neuralgia shifted to the abdomen and attacked the uterine region, simulating metritis. All kinds of topical remedies were superadded. The suffering was more and more aggravated. Most impatiently did she await the injection, morning and evening, often crying like a child, and always exclaiming, as I entered—"Oh doctor, shoot me quick!" In opposition to my judgment she inhaled chloroform. Up to this time, she had been able to eat. The injections did not disturb the stomach, but on the contrary enabled her to take food. On my evening visit, I generally found her dinner ready at the side of the bed, to which she was now confined. She could not eat a morsel, on account of her sufferings. But in two or three minutes after the injection, she would begin to converse cheerfully, and was ready for her meal. But the chloroform put an end to this. Under its influence her stomach gave way completely, and rejected its contents frequently. She grew feeble and emaciated, and her condition was deemed almost hopeless.

Under these circumstances the attendants were induced to withhold the chloroform—cruel as the privation appeared. Every effort was made at the same time to inspire her with courage, and to rouse her dormant energies. Happily, the first experiment in this direction was successful, and she was better instead of worse, after the abstraction of chloroform. The nausea ceased at once, showing that it had been produced by the chloroform, and not by the morphia. This led me to suspect that the original morbid condition had passed away and that the complaint and distress were delusive, so to speak, or factitious. I called to mind the case first mentioned in this paper, and other cases of chronic pain in which habit had stealthily taken the place of disease, and misled both patient and physician. Instead of morphia, water alone was substituted on several occasions; although she detected the difference in effect, she ascribed it to a diminished dose of the anodyne.

At this juncture, when all apprehension of a fatal issue

had vanished, a female mountebank was employed, without my knowledge, to make "mesmeric passes" upon the patient. This foolery was decidedly beneficial in calming the nervous system and enabling the morphia to be entirely abstracted. The injections were abandoned completely, and in fact all substitutes withheld, except the mental impression. No medicines were used, save occasionally some mild tonic. She improved rapidly, and in two or three months attained a condition of health beyond what she had enjoyed for a number of years. At the present time she has not a vestige of pulmonary or uterine disease, nor of neuralgia.

I should not omit to mention that in the treatment of this case, as in others, atropia and strychnia were tried, with and without morphia. The combination was evidently advantageous. The patient herself thought that strychnia with the morphia had a better effect than the latter alone.

In the February number of this JOURNAL, was an extract from the letter of a gentleman in New York, which I take the liberty of copying in this place, in connection with a subsequent statement from the same pen. A patient often tells his own story better than it can be told for him; and I think the reader will be amused as well as instructed with the narrative.

"I left Southampton on the 14th of December and was almost immediately plunged into a horrible storm which lasted five days; was sea-sick at first, then knocked down with sciatica which deprived me of the use of the right leg; had not one minute's exemption from excruciating pain till I got in my bed in New York, after an infernal passage of fifteen days, and got Dr. Sewall's hypodermic syringe in operation—then fell into elysium. Have been obliged to take it every night since to secure sleep. Was out day before yesterday, and go again to-day, nearly well. I sing the praises of the hypodermic squirt. In ten minutes it takes one out of a world of pain, in which life is a mockery and a snare, and transfers him to a world of unspeakable content, with such a sense of enjoyment that, as Mrs. Gamp says, 'words is vain to expredge it.' I shall never forget

the miracle of this little instrument. It took a big dose of morphia to give me relief—equal to one hundred drops of laudanum, but it was followed by no unpleasant reaction, nor any bad consequence that I can detect. But I can see that one may get to *wanting* it, as C — tells me in his case of gout. It is the same general feeling that opium eaters enjoy, I suppose. The puncture is nothing, but the injection is for a few seconds, tooth-ache.”

The date of the foregoing was Jan. 1. The sequel comes under date of Feb. 21st.

“Now for another side to morphia. I shall yet sing its praises, but have something to say of its curses. When I reached home, my right leg from the hip to the ankle was so disorganized that Nature had to restore the muscles just as she knits up a broken bone. You may judge how seriously I was disabled, when I tell you that I ventured to Philadelphia and Wilmington only a week ago to-day; lodged at Philadelphia two nights, putting the travel to Wilmington and back between them; got home so exhausted as from sheer nervousness to require the injection—8 drops Magendie’s solution. Excepting that once, for nine nights past have been able to get sleep only by a quantity of brandy which, in a natural state of health, would make me ‘clean’ drunk. The first two nights, I took nothing, or a little paregoric and chloroform, and tossed and worried, and got up and dressed and tried to read without success, and then to bed again, until a little before daylight, through sheer exhaustion, I sunk into a sort of sleep. On the third night, I was in Philadelphia, and asked C — what he did to break loose from the seductive tyrant. He answered, ‘I drank a half bottle of champagne and slept like a top.’ I tried the same that night, and yet walked the floor through the ghostly hours. Next night, knowing that pure brandy is kinder to me than any other liquor, took by degrees half a tumbler, and after that two tea-spoonfuls of paregoric and slept. Repeated the same the next night, with partial success. On the following night, at home, sent for Dr. S —, and took by injection 8 drops Magendie’s solution, which put me in para-

dise all night, but made me none the better next day. The two following nights, took brandy and paregoric, with tolerable success. Last night took two tea-spoonfuls of paregoric, with 20 drops chloroform, and had an easy but rather sleepless night. I am sure now of being out of the fangs of the Delilah, and don't fear to take it once in a while, as I shall do to-night if I don't feel better at bed time than at this moment.

“It does not do not to have *one* good night's rest in four, and it's the cheapest way of getting well. Drugs disorder the stomach, and if a man's fuel-box is out of order he must go down. All the brandy I have taken has not in the slightest degree affected my head. Dr. M —, of Philadelphia, told me that the only way to break off is to take stimulus. I was glad of the opportunity to consult him, as he is a thoroughly scientific and diligent student. He told me I need not apprehend any injury from having used the injection as often as I had—near 40 times. He was going to give it to a lady that night, to whom he had administered it every night for four months, but now in a reduced dose. She was considered hopelessly insane when he took charge of her, but is now well enough to go shopping, etc. C — took it twice a day for four weeks. Towards the last, Dr. W — asked him, ‘Can't you get along without it to night?’ and he said he found himself ‘*lying*’ in order to get it. I am now too much afraid of it to lie, and not enough afraid of it to hesitate to take it *once*. But I think it is most seductive and dangerous. Delilah need not have cut Sampson's hair if she had had a morphine squirt. If I were a physician I would never give it in a purely nervous disease, and only in case of pain or sore need, *once or twice*. Fortunately, I dislike brandy and all liquors, and may use them fearlessly for a night's sleep. When I don't need such stimulus medicinally, it is nauseous to me.

“Now for another case, of which I heard accidentally, and was curious enough to inquire into personally. Patrick D —, apparently not over 40 years of age, had neuralgic rheumatism in the foot. Dr. R — told him he could

cure him, and gave the injection— $\frac{1}{2}$ gr. morphia dissolved in water, with the natural effect. But he went on and did not warn the poor man of the consequence of its continued use. He foolishly instructed the man's wife how to give it, and dropped his personal attention. This went on six months, and then the victim found out that he was not cured and required *more* of it to give relief. I saw him yesterday, and he told me—'*I have taken this injection (for finally he gave it to himself) for twenty-three months, an average of six times a day—half a grain of the powder dissolved in water. I am obliged to take it twelve times on some days. My friends have advised me to prosecute Dr. R——. He has ruined me. I have applied to half a dozen good physicians, and they have all refused to take charge of me unless I consent to give up the morphine—and I can't.*' This is his story in short. He is now trying electricity. He lives in good apartments, and is quite an intelligent man. I am thinking of stating his case to some particular physicians, and of suggesting, if it seems proper, that he put himself in hospital charge. If he can be cured, then glorious morphia deserves a needle higher than Cleopatra's, and if he can't, why, then also, because the mischief comes from abuse. It will be the crowning glory of medical science to find the antidote for the sweet poison, or to find some alleviation of pain without its secondary effect. So I curse a little and bless much, this wonderful miracle. I shall not again travel out of civilized medical reach without a squirt hid away in the bottom of my trunk, so that I can pinch up a finger-full of the cellular tissue, and get out of hell into heaven in one minute—that is, in case of last necessity. But I would never give it to another, or fail myself to employ a physician, if one is at hand.

"Feb. 22d. I have made out nine nights (including last) with only one injection. The last, expected the Doctor, with craving of the bones, being in unusual pain and wanting to taste again the delights of Lethe. If I remember rightly, the mythological Lethe is in the infernal regions, and the shades of the dead were made oblivious of the pains of life by drinking its waters—a very fair parallel.

C's experience was like my own. He was not made to sleep, but enjoyed a profound sense of bodily felicity, while able to think with perfect clearness and even with increased mental power, of the usual business of the day. I spent about three or four hours in that state, after each dose, excepting when it was reduced, when I fell more nearly into actual sleep. This confirms what Dr. M — told me — If one only knew the exact dose required to alleviate the pain, there would be none left to cause the other effect, of sensible enjoyment.—(intoxication?) Well, the Doctor didn't come last night, and I resolved to take nothing. Slept tolerably, after a half-waking fight of two hours, and this morning am all the better. I shall now dismiss all medicines, and let Nature do the rest. She has got to heal the leg above the knee, and to overcome a good deal of numbness of the surface below it.

“It strikes me as a remarkable fact that the uses of the cellular tissue, as a telegraphic line to the morbid conditions of the body, should have been so long undiscovered. It is, in the cure of pain, what the ocean cable is in transmitting intelligence. It opens a door to further discoveries of science, of the limit of which we can form no definite conception. Can it be only a fancy that has made me feel, in the dreadful tingle of the sciatic nerve, a capacity or source of enjoyment in that same nerve, of the most exquisite nature? I compare it to a fiddle string which, accordingly as it is touched, will produce music or screams of discord. With one more thought about the ‘squirt,’ I will end the subject. What a seductive but dreadful instrument in the hands of the quack, or in those of the flash doctor! Medical Science must immediately set itself to work to discover pure alleviations and antidotes to this, or there will be a sort of temperance campaign to be fought out with respect to the use of morphia. There ought to be a *penal law* against the use of the syringe by quacks or non-licensed persons. I have not attempted to describe the dreadful hankering of the body, blood, bones and sinews, for the injection, after the habit has been established, and the time comes to discontinue it. It

is indescribable. I suppose a kind of delirium tremens to exist, as the source of it."

The largest quantities of morphia that I have known to be injected habitually, were employed in the case of a man in St. Mary's Hospital under the immediate charge of Dr. Cachot. This patient had suffered for many years with severe rheumatic or neuralgic pains in the head and other parts, apparently periosteal and of syphilitic origin. Large doses of iodide of potassium and red iodide of mercury gave temporary relief. Five years ago the morphia injection was tried, with the effect of transporting him to the regions of bliss. From that time to the present it has been continued. Latterly, finding it difficult to induce a physician to give him enough, he has taken the syringe in his own hands. For two or three years past his daily allowance has been from three to six grains—two grains being used at one operation. Under the influence of the injection he is strong and happy, and presents every appearance of perfect health. But in six or eight hours, when the effect is over, he is inexpressibly wretched.

Meanwhile the rheumatic disease has disappeared and his health has improved almost to perfection. It is worthy of note that prior to the hypodermic treatment he labored under constant constipation, requiring the frequent use of cathartics. But from the moment when the injections of morphia were used, the peristaltic action was normally re-established. Under the use of the enormous quantities of morphia before stated, the functions of digestion, defecation, assimilation and nutrition, so far from being impaired, have been elevated to the standard of health.

A peculiar feature of this case is worthy of mention. He is in the habit of walking daily to the post-office. Without the injection, distance and time appear to him to be almost interminable—the impression in this respect being similar to that occasioned by Indian hemp. But *with* the morphia, though he really walks no faster, the ground appears to fly from beneath his feet and time to pass with proportionate rapidity.

Intoxication from the hypodermic use of morphia is the

highest phase of nervous exaltation capable of being derived from narcotics or stimulants. After yielding to its fascinating power, there seems to be no inclination to substitute any other form of indulgence—not even the internal use of opiates. According to my observation, it does not dispose its victims to the use of alcoholic drinks. It is less dangerous than other kindred habits for another reason—it is less available, or more difficult in practice. Therefore, we may infer with some satisfaction, it is not likely to become general, or to affect communities to any great extent.

To the insane craving illustrated in the foregoing cases, I have taken the liberty of applying the term *LETHEOMANIA*. It is analogous to *dipsomania* or *oinomania*, but nevertheless distinct. It is, in fact, the *opium habit*; and the name *LETHEOMANIA* may be fitly applied whenever the habitual use of the narcotic, in any manner or form, has so mastered the judgment and enslaved the will that the individual ceases, in a measure, to be a free agent, and becomes incapable of self-control.

What is the cure?—To answer this question in full would occupy more space than is proper for the present occasion. Let me say, however, that the treatment is the same, in principle, that governs the treatment of common drunkenness. As a general rule, no measure of moral or physical restraint, compatible with the personal liberty of the patient, will restore him permanently. In the first case above related, the cure was accomplished because the injection was under the control of the physician. Had the patient controlled it, he would have continued its use. The case of the lady was similar. Her mother and her husband, fortunately for her, were endowed with firmness and discretion; and they enforced the necessary restraint.

Above all let me protest against *substitutes*, especially alcohol. The resort to whisky and its allies, instead of morphia hypodermically or otherwise, is an attempt to cast out devils by Beelzebub, the prince of devils. We all know the result of substituting opiates for whisky, by drunkards. In the majority of cases, the deluded inebriate

retains both habits, and becomes a double victim. Men should not flatter themselves that their natural distaste for alcohol will protect them from the habit. The habit can always be acquired by repeating the indulgence or the remedy; and once acquired, it is all the stronger when formed in despite of original aversion. There is no smooth and pleasant path of escape from the habitual use of narcotics and stimulants. The sorceress of Mythology transformed her victims into swine; and even her favorite Ulysses, who dallied long in her shining palace, could return to his home and family only by travelling through hell.

Let me conclude by expressing the earnest hope that physicians will bear in mind the danger which I have attempted to illustrate, and that they will not suffer the hypodermic syringe to go out of their hands into those of the patient or any of his family.

